

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101589257

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		⑦		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		2		1		
12		①		1		
13	1	①		1		
14		1		1		
15		2	1			
16		①		1		
17		①		1		
18		①		1		
19	1			1		
20		1		1		
21		1		1		
22		3		3		
23		3		3		
24	1		1			
25		1		1		
26		1		1		
27		3		3		
28		①		4		
29		4		4		
30		①		4		
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49						
50						
TOTAL IND.	6		5			
TOTAL DEP.	36	←	40	←	←	
TOTAL CLAIMS	42		45			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					↓	